UP HEALTH SYSTEM
MARQUETTE
A Duke LifePoint Hospital

Exhibit G

UP Health System - Marquette

Progress Notes
THOMPSON, DERICO
Patient ID: 2230042
DOB: [redacted]
Age: 46 years Gender: M

09/22/2020 [redacted]

Date: 09/22/20 : THOMPSON, DERICO : 2230042

Title: Neurosurgery Office Note

Providers: PAL

Timothy Stallman, D.O.

16523 S. Watertower Drive, #1

Kincheloe, MI 49788

RE: THOMPSON, DERICO

DOB: [redacted]

Tracking No.: 00897983

Sault Ste. Marie Clinic

Dear Dr. Stallman:

I had the pleasure of seeing Derico Thompson in neurosurgical consultation today, at your kind request.

As you know, this 47-year-old incarcerated black male has a 1-year history of low back and bilateral lower extremity pain dating back to a lifting injury approximately a year ago. He was apparently lifting weights.

In any event, the patient describes low back discomfort with radiating pain into both lower extremities, left greater than right, aggravated by activity. He underwent electrodiagnostic analysis revealing a left L5 radiculopathy and similar, but less significant, findings on the right.

UP HEALTH SYSTEM MARQUETTE
A Duke LifePoint Hospital

UP Health System - Marquette

Progress Notes
THOMPSON, DERICO
Patient ID: 2230042
DOB: [redacted]
Age: 46 years Gender: M

09/22/2020 [redacted]

The patient also underwent MRI scanning last March. It demonstrates both congenital and acquired stenosis at L4-5 and L5-S1 with associated central disc protrusions.

He presents for neurosurgical consultation describing sharp, shooting, bumiing and aching discomfort in the low back and bilateral lower extremities, left greater than right, rating it as a 7 to a 9.

PAST MEDICAL HISTORY: The patient has no allergies. He is presently taking a nonsteroidal antiinflammatory agent. His medical history is unremarkable as is his surgical history.

FAMILY AND SOCIAL HISTORY: The patient is single with 5 children, hcarcerated. Tobacco use is denied.

There is a positive family history of diabetes.

REVIEW OF SYSTEMS: Review of systems can be accessed via the scanned documents.

PHYSICAL EXAMINATION: Reveals a well-developed, tall, thin black mdc appearing his stated age. Head and neck examination are unremarkable. Range of motion of the cervical spine is full, without provocation of upper or lower extremity complaints. Examination of the extremities reveals symmetrical bulk, without visible atrophy or fasciculations. Straight leg raising maneuvers are negative on the right and positive on the left at about 60 degrees.

Neurologic examination demonstrates a clear sensorium and unremarkable cranial nerve survey. I do not detect any discrete focal motor weakness to resistive testing. Gait is cautious, but not particularly antalgic. Reflexes are 1/4 at the biceps, trace elsewhere in the upper and lower extremities, with a flexor plantar response. There is no clonus at the ankles. Sensory examination demonstrates no dermatomal pattern of sensory loss.

OBJECTIVE DATA AVAILABLE: Includes lumbar MRI scan done 03/11/2020. It demonstrates lower lumbar stenosis at L4-5 and L5-S1 with central disc protrusions and significant segmental stenosis consequent to congenitally short pedicles.

UP HEALTH SYSTEM
MARQUETTE
A Duke LifePoint Hospital

UP Health System - Marquette

Progress Notes
THOMPSON, DERICO
Patient ID: 2230042
DOB: [redacted]
Age: 46 years Gender: M

[redacted]

09/22/2020

IMPRESSION: Lumbar spinal stenosis L4-5, L5-S1 - congenital and acquired with neurogenic claudication effecting the left lower extremity more so than the right with positive EMG lor L5 radiculopathy corresponding to imaging findings.

SUMMARY AND RECOMMENDATIONS: I reviewed the available objective data in detail with the patient, used a model of the lumbosacral spine to demonstrate the anatomic principles involved with his condition, explaining to him that I felt he was a candidate for surgical intervention respecting the chronicity of his pain and imaging findings as well as positive EMG. I feel that he needs to have lumbar decompressive laminectomy L4, L5, SI with an instrumented fusion L4-S1, possible discectomy and interbody fusion, although I suspect that the relief of his spinal stenosis via laminectomy will likely resolve the issues.

I would be reluctant to consider simple decompression alone. His back has only relatively mild lordosis and I would be concerned that subsequent disc herniations at L4-5 and L5-S1 could cause significant problems for him. Therefore, it makes more sense to do definitive surgery to begin with.

I discussed surgery with him in both general and specific terms as well as the expected outcome and the convalescence attendant to same, along with the need for postoperative bracing. I explained to him that the risks of surgery would include ? but may not be limited to ? infection, hemorrhage, CSF leak with pseudomeningocele formation, remote possibility of neurologic compromise, up to and including paraplegia with loss of bladder and bowel function, pseudoarthrosis ? a risk enhanced by postoperative tobacco use ? and the risk of adjacent level disease and medical or anesthetic complications, up to and including coma or death.

The patient understands the nature of the proposed procedure, the rationale fer surgery as outlined above and the risks attendant to operation.

We will seek approval for surgical intervention and he will need plain films of the lumbar spine prior to operative treatment.

Sincerely,

UP HEALTH SYSTEM
MARQUETTE
A Duke LifePoint Hospital

UP Health System - Marquette

Progress Notes
THOMPSON, DERICO
Patient ID: 2230042
DOB: [redacted]
Age: 46 years Gender: M

09/22/2020 [redacted]

Paul A. LaHaye, M.D.

PL/NM/km